2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# P07000088024

Entity Name: DENTAL HYGIENE SEMINARS, INC.

Current Principal Place of Business:

265 BONSYLE LAND DRIVE
EASTPOINT, FL 32328

New Principal Place of Business:

265 BONCYLE LAND DRIVE
EASTPOINT, FL 32328

Current Mailing Address:

265 BONSYLE LAND DRIVE
EASTPOINT, FL 32328

New Mailing Address:

265 BONCYLE LAND DRIVE
EASTPOINT, FL 32328

FEI Number: 26-0751046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAPP, HEATHER O
265 BONSYLE LAND DRIVE
EASTPOINT, FL 32328 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD
Name: KOLE, PETER DR.
Address: 265 BONSYLE LAND DRIVE
City-St-Zip: EASTPOINT, FL 32328

Title: PD
Name: MAPP, HEATHER O DR.
Address: 265 BONSYLE LAND DRIVE
City-St-Zip: EASTPOINT, FL 32328

Title: ST
Name: KOLE, PETER DR.
Address: 265 BONSYLE LAND DRIVE
City-St-Zip: EASTPOINT, FL 32328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER O. MAPP PD 01/10/2012

Electronic Signature of Signing Officer or Director — Date